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|-----------------|--|--|-----------------------------|
| . , j | DEPARTMENT OF COMMERCE MISSOURI STATE E | POARD OF HEALTH | |
| 11-10-39 | DEPARTMENT OF COMMERCE MISSOURI STATE E BURBAU OF THE CENSUS STANDARD CERTIF | | 02 |
| Rev. 5-17-39 | Para rea 4 4 40 49 | FICALE OF DEATH State Pile No. 100 | |
| E X21492 | Registration District No Primary Registration Dist | rict No. Registrar's No. | |
| } | | | |
| 510 | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE OF DECEASED. | 11 = |
| 36 21 | (a) County / Auntalia (b) | (a) State Missouri (b) County Pranch | dente |
| ~ 2 SI | (b) City or town (If outside city or town limits, write "RURAL" and name of township) | l l o | * |
| J ∰ [| (c) Name of hospital or institution: | (c) City or town St Class | ر سپ |
| /) FI | (If not in hospital or institution, write street number or location) | (If outside city or town limits, write "RURAL") | 0 |
| Z | (d) Length of stay: In hospital or institution | (d) Street No. | |
| 21 | In this community (Specify whether | (If rural, give location) | |
| X I | years, months or days) | (e) If foreign born, how long in U. S. A.? | years. |
| C C C P | 8. (a) PRINT A | MEDICAL CERTIFICATION | |
| | FULL NAME Samue (Miguellas / humand | 20. DATE OF DEATH. Month Teluarday 5 | |
| * | 8. (b) If veteran, 8. (c) Social Security | year 1941 hour 4 minute 10 | P. M. |
| | name war | 21. I hereby certify that I attended the deceased from Mov. | |
| MAKE | 5. Color or 6. (a) Single, widowed, married, | 2 2 1940 to Feb 4 | 19.46. |
| ŢŢ | 1. Sex Mule race white divorced Museuch | that I last saw h / 772 slive on F stances 4 | |
| INK | 6. (b), Name of husband or wife 6. (c) Age of husband or wife if | and that death occurred on the date and hour stated above. | <u> </u> |
| i | I are thorroad alive 19 years | Immediate cause of death Sroucho | Duration |
| BLACK | 7. Birth date of deceased July 2 9 1869 | gumina | |
| ן בַּר | / (Month) (Day) (Year) | | 2 weeks |
| | 8. AGE: /Years Months Days If less than one day | Due to | |
| UNFADING | | | |
| <u> </u> | 1 6 1 L. min. | Due to | |
| E | 9. Birthplace Culle van 11.11 | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 5 | (City, town, or county) (State or foreign country) | Other conditions. | |
| USE | 10. Usual occupation Hi anale | (include pregnancy within 3 months of death) | |
| ٦į | 11. Industry or business | Major findings: | PHYSICIAN |
| , l | 12. Name Musican thismond | Of operations | Underline |
| <u> </u> | 13. Birthplace July and 010 | 41.000 | the cause to which death |
| PLAINE | (City, town, or county) (State or foreign country) | Of autopey | should be |
| 급 [| 5 15. Birthplace Recapille Mo 6 | | tistically. |
| 12 | (State or foreign country) | 22. If death was due to external causes, fill in the following: | |
| RITE | 16. (a) Informant Tlan Thurmond | (a) Accident, sulcide, or homicide (specify) | |
| ★ | (b) Address Nr. (Mun, mo. | (b) Date of occurrence | |
| | 17. (a) (b) Date thereof Tel Sorty, 1991 | (c) Where did injury occur? (City or town) (County) | (State) |
| : | (Burisi, cremation, or removal) (Mosth) (Day) (Your) | (d) Did injury occur in or about home, on farm, in industrial place, in | public place? |
| I | (c) Place: burial or cremation. | (Specify type of place) | |
| i | 18. (a) Signature of funeral director. I MANUTE 13. | While at work? (a) Means of injury | |
| į. | (b) Address 4. Class | 23. Signature (M. D. | /) |
| ĺ | 19. (a) July 7, 174/ (b) M. W. Durker M. (Registrar's signature) | Address Hashing ton Mrs. Date signer | 2/6/11 |
| ~ ; | (Licensed Embalmer's Sta | ' <u>'</u> | /-// ' |
| | Price the Party of | STREET, STREET | المساوين الماسي |

COLUMN TO THE SECTION DISTRICT

| STATEMENT BY LICENSED EMBALMER | | | |
|--|--|--|--|
| | , | | |
| I hereby certify that the body whose name is recor | rded on the reverse side of this certificate was embalmed by me, or by | | |
| | Registered Apprentice No | | |
| working under my personal supervision. | Signed Sherwood Statell | | |
| | Licensed Embalmer No. 3873 | | |
| | P. O. Address St. Clain Mr. | | |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

ROWENA MOOFALL WAS INTERNATIONAL TRECORD S. No. 2B DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS Registration District No ..

A PERMANENT RECOR

INK-MAKE

BLACK

UNFADING

-USE

12

diivr v

(Day received local registrar)

MISSOURI STATE BOARD OF HEALTH

| DEPARTMENT OF COMMERCE STANDARD CERTIF | ICATE OF DEATH State File No. 2502 |
|---|--|
| Registration District No. 294 Primary Registration Distri | ict No |
| 1. PLACE OF SEATH: (a) County | 2. USUAL RESIDENCE OF DECEASED: (a) State |
| (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution | (d) Street No |
| 3. (a) PRINT PULL NAME Maxiel Augustus The 3. (b) If veteran, name war. No. | 20. DATE OF DEATH Month day wear hour minute. M. 21. I here'y certy that I attended the deceased from |
| 5. Color or race divorced divorced. 6. (a) Single, widowed, married, divorced divorced. 7. Birth date of deceased (Month), (Day) (Yan) | , 19, to |
| 8. AGE: Years Months Days If less than on ay hr. min. 9. Birthplace (City, town, or county) Shite or foreign country) | Due to |
| 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace (City, town, or county) (State or foreign country) | Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Of autopsy. Of autopsy. Other conditions of death) PHYSICIAN Underline the cause to which death should be charged sta- |
| 15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant (b) Address (b) Date thereof (c) | tistically. |
| (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation | (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury. 23. Signature (M. D. or other). |

